| AMENDMENT TRANSMITTAL LETTER   |  |                              |                                   |            |                | Docket No.<br>GGG-10402/29 |           |
|--|--|------------------------------|-----------------------------------|------------|----------------|----------------------------|-----------|
| Application No.  |  | Filing Date                  |                                   |            | Examiner       |                            | Art Unit  |
| 10/686,298-Conf. #7109   |  | October 15, 2003             |                                   |            | L. Brean       |                            | 3724      |
| pplicant(s): G. (  | Gochanour  |                              |                                   |            |                |                            |           |
| vention: DISPEN  | NSER FOR FL  | EXIBLE THIN-                 | FILM HAND                         | COVER      | IINGS          |                            |           |
|  | • •  | THE COMM                     |                                   |            |                |                            |           |
| ransmitted herev   |  |                              |                                   |            | cation.        |                            |           |
| he fee has been  | calculated and                                       |                              |                                   |            |                |                            |           |
|  | Claims   | Highest                      | S AS AMEND                        | <u> </u>   |                |                            |           |
|  | Remaining<br>After<br>Amendment                      | Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present |            | Rate           |                            |           |
| Total Claims<br>Independent  | 8  | - 20 =                       | 0                                 | Х          | 25.00          |                            | 0.00      |
| Claims   | 2  | - 3 =                        | 0                                 | х          | 100.00         |                            | 0.00      |
| Multiple Depend  | ent Claims (ch                                       | eck if applicabl             | e)                                |            |                |                            |           |
| Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:                                       |  |                              |                                   |            |                |                            | 0.00      |
| Large Entity   |  |                              |                                   | x 5        | Small Entity   |                            |           |
| x No additiona   | l fee is require                                     | d for this amer              | ıdment.                           | ш          | Í              |                            |           |
| <br>Please charg   | je Deposit Acc<br>opy of this she                    | ount No.                     | ir                                | the am     | nount of \$ _  |                            | · ·       |
| A check in th  | e amount of \$                                       |                              | to cover                          | the filing | g fee is enclo | osed.                      |           |
| Payment by   | credit card. Fo                                      | rm PTO-2038                  | is attached.                      |            |                |                            |           |
| × The Director   |  |                              |                                   |            |                | 07-                        | 1180      |
|  | below. A dup   | • •                          | his sheet is e                    | nclosed    |                |                            |           |
| = $-$  | ny overpaymen  |                              |                                   |            |                | _                          |           |
| x Charge a   | ny additional-filir                                  | ig or application            | processing fe                     | es requi   | red under 37   | CFR 1.16                   | and 1.17. |
|  |  |                              |                                   | [          | Dated:         | June 4,                    | 2007      |
| John G. Posa   | Dag No. 07   | 104                          |                                   |            |                |                            |           |
| Attorney/Agent 1<br>GIFFORD, KRA<br>2701 Troy Cente<br>Post Office Box<br>Troy, Michigan<br>(734) 913-9300 | SS, SPRINKL<br>er Drive, Suite<br>7021<br>48007-7021 | E, ANDERSOI                  | N & CITKOWS                       | SKI, P.(   | <b>5</b> .     |                            |           |
|  |  |                              |                                   |            |                |                            |           |